Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 1 of 48

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | identify Yourself | | | | |
|----|---|--|---|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 1. | Your full name | | 50 MAN (1995년 1985년 - 중심한 40 4일, 1156년 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1 | | |
| | Write the name that is on | Kimber | | | |
| | your government-issued picture identification (for example, your driver's license or passport). | First name | First name | | |
| | | S. | | | |
| | , , , | Middle name | Middle name | _ | |
| | Bring your picture identification to your meeting | Johnson | | | |
| | with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | _ | |
| | | | | | |
| 2. | All other names you have used in the last 8 years | Kim Johnson | | terrorente de la constante de | |
| | Include your married or maiden names. | | | | |
| | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal | | | | |
| | Individual Taxpayer Identification number (ITIN) | xxx-xx-2225 | | | |
| | ···· | | | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 2 of 48

| De | btor 1 Johnson, Kimber | S. | Case number (if known) | | | |
|----|---|---|---|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | Name | If Debtor 2 lives at a different address: | | | |
| | | 8N191 Grand Arbor Ln Maple Park, IL 60151-8714 | | | | |
| | | Number, Street, City, State & ZIP Code Kane | Number, Street, City, State & ZIP Code | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 3 of 48

| | | | | | | | |
|------|--|---|--|---|--|-------------|--|
| Part | | | | | | | |
| | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | | Chapter 7 | | | | | |
| | | ☐ Chapter 11 | | | | | |
| | | ☐ Chapter 12 | | | | | |
| | | ☐ Chapter 13 | | | | | |
| 8. | How you will pay the fee | ☐ { will pay | the entire fee wh | oon I file my netition. Disses sheet | ruish the clearly office is a superior of the state of th | | |
| • | now you min pay the loc | about how If your att | v you may pay. Typ | pically, if you are paying the fee your | with the clerk's office in your local court for more details self, you may pay with cash, cashier's check, or money orcattorney may pay with a credit card or check with a | ler. | |
| | | I need to | pay the fee in ins | stallments. If you choose this option | n, sign and attach the Application for Individuals to Pay The | 9 | |
| | | ☐ I request | that my fee be w | raived (You may request this option | only if you are filing for Chapter 7. By law, a judge may, bute is less than 150% of the official poverty line that applies | t is | |
| | | your fami | y size and you are | unable to pay the fee in installments | s). If you choose this option, you must fill out the Application | to n | |
| | | to Have t | ne Chapter 7 Filing | Fee Waived (Official Form 103B) | and file it with your petition. | | |
| 9. | Have you filed for | | | | | | |
| | bankruptcy within the last | No. | | | • | | |
| | 8 years? | ☐ Yes. | | | | | |
| | | Dist | ict | When | Case number | | |
| | | Dist | | When | Case number | | |
| | | Dist | ict | When | Case number | | |
| | Are any bankruptcy cases | ■ No | | | | | |
| ; | pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | Deb | or | | Relationship to you | | |
| | | Distr | ict | When | Case number, if known | _ | |
| | | Deb | or | | Relationship to you | _ | |
| | | Distr | ict | When | Case number, if known | | |
| 11. | Do you rent your | □ No. Go | to line 12. | | | | |
| ı | residence? | | s vour landlord obt | tained an eviction judgment agains | t vou? | | |
| | | _ 103. | No. Go to line | | , | | |
| | | = | | | | | |
| | | | Yes. Fill out <i>in</i> bankruptcy pe | | dgment Against You (Form 101A) and file it with this | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 4 of 48

| De | btor 1 Johnson, Kimber | <u>S</u> | Case number (if known) | | | | | | |
|--|--|------------------------|---|--|--|--|--|--|--|
| | | | | | | | | | |
| Pai | Report About Any Bu | sinesses | You Own as a Sole Proprietor | | | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | No. Go to Part 4. | | | | | | |
| | | ☐ Yes. | Yes. Name and location of business | | | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, | | Name of business, if any | | | | | | |
| | or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | | Number, Street, City, State & ZIP Code | | | | | | |
| | to this petition. | | Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | | |
| | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(27A)) | | | | | | |
| | | | Stockbroker (as defined in 11 U.S.C. § 101(518)) | | | | | | |
| | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | | |
| | | | None of the above | | | | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline. operation | are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate nes. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ions, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11.116(1)(B). | | | | | | |
| | For a definition of small | ■ No. | I am not filing under Chapter 11. | | | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | | | |
| ······································ | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | | | |
| Par | 4: Report if You Own or | Have Any | Hazardous Property or Any Property That Needs Immediate Attention | | | | | | |
| 14. | Do you own or have any property that poses or is | ■ No. | | | | | | | |
| | alleged to pose a threat of imminent and identifiable hazard to public health or | ☐ Yes. | What is the hazard? | | | | | | |
| | safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | | | |
| | | | Number, Street, City, State & Zip Code | | | | | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 5 of 48

| Debto | Johnson, Kimber | S. | | | | Case number (if known) | | | |
|---------------|--|------|--|--|---|--|--|--|--|
| Part 5 | Explain Your Efforts t | o Re | ceive a Briefing About Credit Counseling | | | | | | |
| y b | ell the court whether ou have received a riefing about credit ounseling. | | out Debtor 1: I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | You | ut Debtor 2 (Spouse Only in a Joint Case): must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | | |
| re C | he law requires that you eceive a briefing about redit counseling before you le for bankruptcy. You | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | | | Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. | | | |
| m th c: | nest truthfully check one of ne following choices. If you annot do so, you are not ligible to file. | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | | | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | | | |
| C: W | you file anyway, the court an dismiss your case, you ill lose whatever filing fee ou paid, and your creditors | | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any. | | | |
| C | can begin collection activities again. | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | fro the rec ten To atta obt you req You bar If th rec a c the you | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | | |
| | | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this | | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | | | |
| | | | case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. | | | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for | | | |
| | | | | | | Any extension of the 30-day deadline is granted only or cause and is limited to a maximum of 15 days. am not required to receive a briefing about credit counseling because of: | | | cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of: |
| | | | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | | _ | | | |
| | | | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | | Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | | |
| | | | Active duty. I am currently on active military duty in a military combat zone. | | | Active duty. I am currently on active military duty in a military combat zone. | | | |
| | | | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. | | (| If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. | | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 6 of 48

| Debtor 1 Johnson, Kimber S. | | | | Case number (if known) | | | |
|-----------------------------|--|--|--|--|---|--|--|
| Pai | t 6: Answer These Quest | ions for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily individual primarily for a per | consumer debts? Consumer debts are defi rsonal, family, or household purpose." | ined in 11 U.S.C.§ 101(8) as "incurred by an | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily for a business or investmer | business debts? Business debts are debts nt or through the operation of the business or | that you incurred to obtain money investment. | | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you | owe that are not consumer debts or business | debts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapt | ter 7. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. paid that funds will be availa | am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses an laid that funds will be available to distribute to unsecured creditors? | | | |
| | administrative expenses are paid that funds will be | | ■ No | | | | |
| | available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 | | ☐ 1,000-5,000 | ☐ 25,001-50,000 | | |
| | | □ 50-99 |) | ☐ 5001-10,000 | □ 50,001-100,000 | | |
| | | ☐ 100-1 ☐ 200-9 | = = | □ 10,001-25,000 | ☐ More than100,000 | | |
| 19. | | \$ 0 - \$ | 50 000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | | 01 - \$100,000 | ☐ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 | ☐ \$50,000,001 - \$100 million | ☐ \$10,000,000,001 - \$50 billion | | |
| | | □ \$500, | 001 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| 20. | How much do you | \$0 - \$ | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | \$50,0 | 001 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | |
| | | □ \$100,0 | 001 - \$500,000 | □ \$50,000,001 - \$100 million | □ \$10,000,000,001 - \$50 billion | | |
| | | \$500, | 001 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| Pari | 7: Sign Below | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| | | If I have of States Co | chosen to file under Chapter ode. I understand the relief av | 7, I am aware that I may proceed, if eligible, vailable under each chapter, and I choose to p | , under Chapter 7, 11,12, or 13 of title 11, Uniter roceed under Chapter 7. | | |
| | | If no attor have obta | rney represents me and I did I ained and read the notice requ | not pay or agree to pay someone who is not a uired by 11 U.S.C. § 342(b). | n attorney to help me fill out this document, I | | |
| | | I request | relief in accordance with the | chapter of title 11, United States Code, spe | cified in this petition. | | |
| | | I understa | result in fines up to \$250,000 | 0, or imprisonment for up to 20 years, or both. | property by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | |
| | | Kimber | S. Johnson of Debtor 1 | Signature of Debto | or 2 | | |
| | | Executed | | Executed on | | | |
| | | | MM / DD / YYYY | MN | // DD / YYYY | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 7 of 48

| Debtor 1 Johnson, Kimbe | r S. | Cas | Case number (if known) | | | |
|---|--|--------------------|---|--|--|--|
| | | 44 | | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petition, de Chapter 7, 11, 12, or 13 of title 11, United States Code, a person is eligible. Lalso certify that Labor delivered to | and have explained | the relief available under each chanter for which the | | | |
| If you are not represented by an attorney, you do not need to file this page. | | | | | | |
| | Signature of Attorney for Debtor | Date | January 26, 2018 MM / DD / YYYY | | | |
| | Brian Wright ~6304330 Printed name | | | | | |
| | Brian Wright & Associates, P.C. | | | | | |
| | 437 West State Street Suite 101 Sycamore, IL 60178 | | | | | |
| | Number, Street, City, State & ZIP Code | | | | | |
| | Contact phone(815) 895-2074 | Email address | bw@wrightandassociateslaw.com | | | |
| | 6304330 Bar number & State | | | | | |

| DOLUMEN Page 6 01 46 |
|--|
| ill in this information to identify your case: |
| ebtor 1 Kimber S. Johnson |
| First Name Middle Name Last Name |
| ebtor 2 |
| pouse if, filing) First Name Middle Name Last Name |
| nited States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION |
| ase number |
| known) |
| |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | rt 1: Summarize Your Assets | | |
|-----|--|--------------|-------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 5,167.69 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 5,167.69 |
| Pai | rt 2: Summarize Your Liabilities | | |
| | | | abilities : you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F | \$ | 3,000.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j &chedule E/F | \$ | 53,918.17 |
| | Your total liabilities | \$ | 56,918.17 |
| Pai | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I | \$ | 2,376.54 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,372.00 |
| Pai | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your of | her schedul | les. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a p purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C.§ 159. | ersonal, fan | nily, or household |
| | Vour debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this ho | ny and suhn | nit this form to the |

court with your other schedules.

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 9 of 48

Debtor 1 Johnson, Kimber S. Document Page 9 of 48 Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,200.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total | claim |
|--|-------|-----------|
| Troin rait 4 on Schedule Lit, copy the following. | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 3,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 37,188.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 40,188.00 |

| | | | Documen | T Page 10 of 48 | | |
|----------------|---------------|---|---|------------------------------------|-----------------------------|---------------------------------------|
| Fill in | this info | ormation to identify you | ur case and this filing: | | | |
| Debto | r 1 | Kimber S. John | nson | | | |
| | | First Name | Middle Name | Last Name | } | |
| Debto | | | | | | |
| (Spouse | e, if filing) | First Name | Middle Name | Last Name | | |
| United | States | Bankruptcy Court for the | : NORTHERN DISTRICT OF | ILLINOIS, EASTERN DIVISIO | N N | |
| | | | | |] | _ |
| Case | number | | | | | Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Offic | cial F | orm 106A/B | | | | |
| Sch | hadı | ıle A/B: Pro | norty | | | 40/45 |
| | | | <u>. </u> | | | 12/15 |
| think it i | fits best. | Be as complete and accurate space is needed, attached | ribe items. List an asset only once irate as possible. If two married p ch a separate sheet to this form. (| eople are filing together, both ar | e equally responsible for s | supplying correct |
| Part 1: | Descri | be Each Residence, Build | ng, Land, or Other Real Estate Yo | ou Own or Have an Interest In | | |
| 1. Do y | ou own c | or have any legal or equita | ble interest in any residence, buil | Iding, land, or similar property? | | |
| _ | | | , | | | |
| ■ N | o. Go to F | Part 2. | | | | |
| ☐ Ye | es. Wher | e is the property? | | | | |
| Part 2: | Descri | be Your Vehicles | | | | |
| | | | | | | |
| | | | quitable interest in any vehicle | | | hicles you own that |
| Someon | ie eise u | rives. Il you lease a verilo | le, also report it on Schedule G: | Executory Contracts and One | xpireu Leases. | |
| 3. Cars | s, vans, | trucks, tractors, sport | utility vehicles, motorcycles | | | |
| ПΝ | lo | | | | | |
| _ | | | | | | |
| Y | es | | | | | |
| | | Puick | | | Do not deduct secured | claims or exemptions. Put |
| 3.1 | Make: | Buick | | t in the property? Check one | the amount of any sec | ured claims on Schedule D: |
| | Model: | Lucerne | Debtor 1 only | | Creditors Who Have C | laims Secured by Property. |
| | Year: | 2007 nate mileage: 1 | Debtor 2 only | | Current value of the | Current value of the portion you own? |
| | | ormation: | Debtor 1 and Deb | e debtors and another | entire property? | portion you own? |
| Г | Outer iiii | omation. | At least one of the | e debiors and another | | |
| | | | Check if this is o | community property | \$2,625.00 | \$2,625.00 |
| | | | | | | |
| 4. Wat | ercraft. | aircraft, motor homes. | ATVs and other recreational v | vehicles, other vehicles, and | accessories | |
| | | | sonal watercraft, fishing vessels | | | |
| _ | | | | | | |
| ■ N | lo | | | | | |
| | es | | | | | |
| | | | | | | |
| | | | | | | |
| | | - | n you own for all of your entri | | | \$2,625.00 |
| .you | u nave a | macned for Part 2. Writ | e that number here | | => | Ψ=,020.00 |
| Part 3: | Descri | be Your Personal and Ho | usehold Items | | | |
| | | | itable interest in any of the fo | ollowing items? | | Current value of the |
| , _ | • • | 10941 01 040 | | | | portion you own? |
| | | | | | | Do not deduct secured |
| | | | | | | claims or exemptions. |

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 | Case 18- | | Doc 1 | Filed 01/3 Docume | | Enter Page 1 | ed 01/30 L1 of 48 _c - | 0/18 11: | 24:41 | Desc Main | |
|--|--|---------------|-------------|--|-------------|-----------------|--|----------------|--------------|--------------------------------|------|
| _ | | illiber o. | | | | | _ | aco mambo | (11 1010111) | | - |
| ■ Yes. | Describe | | | shelves, desk es, end table. | | dresser, c | redenza, | oiesafe, | | \$1,025 | .00 |
| □ No | <i>les:</i> Televisions ar | | | tereo, and digital ia players, game | | ent; comput | ers, printers, | scanners; m | nusic collec | tions; electronic devices | 0.00 |
| Examp | bles of value les: Antiques and collections, n | | | | ork; books | s, pictures, | or other art o | bjects; stam | p, coin, or | paseball card collections; oth | ner |
| | | Books, | dvds. | | | | | | | \$65 | .00 |
| Examp No □ Yes. 10. Fireary Examp No □ Yes. 11. Clothe Examp No | instruments Describe ms ples: Pistols, rifles Describe ps ples: Everyday clo | graphic, exer | ammunition | ı, and related eq | quipment | | tables, golf c | lubs, skis; ca | anoes and | kayaks; carpentry tools; mus | ical |
| Yes. | Describe | Clothing | | | | | | | \neg | \$350 | |
| □ No | y <i>ples:</i> Everyday jev Describe | velry, costum | | | s, wedding | g rings, heiı | loom jewelry | , watches, go | ems, gold, | | |
| <i>Exam</i> □ No | urm animals ples: Dogs, cats, l Describe | birds, horses | | | | | | | | \$50 | 0.00 |
| ■ No | ther personal and | | d items you | ı did not alread | y list, inc | cluding an | y health aid | s you did no | ot list | | |
| | the dollar value of the dollar value of the dollar value of the that nun | - | | | | - | or pages yo | u have attac | ched for | \$2,090.00 | |
| Part 4: Do | scribe Your Finan | cial Assats | | | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 2

Document Page 12 of 48 Case number (if known) Debtor 1 Johnson, Kimber S. Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... \$20.00 Cash on hand 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: ■ Yes..... Checking Account Resource Bank \$432.69 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them...

Case 18-02527

Doc 1

Filed 01/30/18

Entered 01/30/18 11:24:41

Desc Main

| De | ebtor 1 | Johnson, Kimber S. | Document | Page 13 of 48 Case number (if know) | n) |
|-----|------------------------|--|---|--|--|
| | | | | <u> </u> | |
| 26. | Exam _l ■ No | s, copyrights, trademarks, trade secrets, bles: Internet domain names, websites, proce | | | |
| | ☐ Yes. | Give specific information about them | | | |
| 27. | Exam _l ■ No | es, franchises, and other general intangioles: Building permits, exclusive licenses, co | | oldings, liquor licenses, professional licenses | S |
| М | oney or | property owed to you? | | | Current value of the |
| | · | , , , | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | funds owed to you | | | |
| | ■ No | | | | |
| | ☐ Yes. | Give specific information about them, includ | ling whether you already | y filed the returns and the tax years | |
| 20 | F!l | | | | |
| 29. | | support oles: Past due or lump sum alimony, spous | al support, child suppo | rt, maintenance, divorce settlement, proper | ty settlement |
| | ■ No | | | | |
| | ☐ Yes. | Give specific information | | | |
| 30. | Other a | amounts someone owes you | | | |
| | | ples: Unpaid wages, disability insurance pay | | s, sick pay, vacation pay, workers' compens | sation, Social Security benefits; |
| | ■ No | unpaid loans you made to someone e | eise | | |
| | _ | Give specific information | | | |
| 31. | Interes | ets in insurance policies | | | |
| | | | th savings account (HS | SA); credit, homeowner's, or renter's insurance | ce |
| | _ | Name the insurance company of each policy | y and list its value. | | |
| | | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | Any in If you a died. | terest in property that is due you from so are the beneficiary of a living trust, expect pr | omeone who has died oceeds from a life insur | l rance policy, or are currently entitled to receiv | re property because someone has |
| | | Give specific information | | | |
| | | | | | |
| 33. | | against third parties, whether or not you bles: Accidents, employment disputes, insu | | | |
| | ■ No | | | | |
| | | Describe each claim | | | |
| 34. | Other o | contingent and unliquidated claims of ev | ery nature, including | counterclaims of the debtor and rights to | set off claims |
| | | Describe each claim | | | |
| 35. | | nancial assets you did not already list | | | |
| | ■ No □ Yes. | Give specific information | | | |
| | _ 103. | one opeoine information. | | | |
| 36 | | the dollar value of all of your entries fron 4. Write that number here | | y entries for pages you have attached for | \$452.69 |
| | r art 4 | TO THE CHAIN HAMINGE HELE | | | |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

| Debt | | .8-02527 , Kimber S . | Doc 1 | Filed 01/30/18 Document | Entered 0 Page 14 of | 1/30/18 11:24:41 48 Case number (if known) | Desc Main |
|----------------|--|---------------------------------|-------------------|-----------------------------------|-------------------------|--|------------------------|
| 37. D o | vou own or have a | ny legal or equif | table interest in | any business-related pr | operty? | | |
| | No. Go to Part 6. | .,gq | | , | .,, | | |
| | Yes. Go to line 38. | | | | | | |
| | | | | | | | |
| Part 6 | Describe Any Fa If you own or have | | | elated Property You Ow Part 1. | n or Have an Interes | it In. | |
| 46. D | o you own or have | e any legal or | equitable inte | rest in any farm- or c | ommercial fishing | -related property? | |
| _ | No. Go to Part 7. | | • | • | _ | | |
| [| Yes. Go to line 47 | Ē | | | | | |
| | | | | | | | |
| Part 7 | Describe Al | l Property You (| Own or Have ar | Interest in That You Did | l Not List Above | | |
| <i>E</i> | o you have other Examples: Season No Yes. Give specific | tickets, country | club member | d not already list? ship | | | |
| 54. | Add the dollar val | ue of all of yo | ur entries fro | m Part 7. Write that nu | ımber here | | \$0.00 |
| | | | | | | | |
| Part 8 | Eist the Total | s of Each Part o | of this Form | | | | |
| 55. | Part 1: Total real | estate, line 2 | | | | | \$0.00 |
| | Part 2: Total vehic | | | | \$2,625.00 | | |
| 57. | Part 3: Total pers | onal and hous | ehold items, | ine 15 | \$2,090.00 | | |
| 58. | Part 4: Total finan | cial assets, lir | ne 36 | | \$452.69 | | |
| 59. | Part 5: Total busin | ness-related p | roperty, line 4 | <u></u> | \$0.00 | | |
| 60. | Part 6: Total farm | - and fishing-r | elated proper | ty, line 52 | \$0.00 | | |
| 61. | Part 7: Total other | property not | listed, line 54 | + | \$0.00 | | |
| 62. | Total personal pro | operty. Add lin | es 56 through | 61 | \$5,167.69 | Copy personal property to | stal \$5,167.69 |

\$5,167.69

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

| Fill in this inform | mation to identify your | case: | | |
|------------------------|--------------------------|-------------------|-------------------------------|---|
| Debtor 1 | Kimber S. Johns | on | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | 1 |
| Case number (if known) | | | | |
| (ii kilowii) | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the | Property | You | Claim a | s Exempt |
|---------|----------|-----|----------|-----|---------|----------|
|---------|----------|-----|----------|-----|---------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | |
|--|--|-----|---|-----------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Buick Lucerne | \$2,625.00 | • | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| 2007 130000 Line from <i>Schedule A/B</i> : 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TV cabinet, bookshelves, desk, bed, dresser, credenza, piesafe, kitchen | \$1,025.00 | | \$1,025.00 | 735 ILCS 5/12-1001(b) |
| appliances, end table. Line from Schedule A/B 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| TV Line from Schedule A/B 7.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(b) |
| 2.10 | | | 100% of fair market value, up to any applicable statutory limit | |
| Books, dvds. Line from Schedule A/B 8.1 | \$65.00 | | \$65.00 | 735 ILCS 5/12-1001(b) |
| Line Holli conteaute / V.Z. G.T | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothing Line from Schedule A/B 11.1 | \$350.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| Life from Goriodale 7VB 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 16 of 48

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | | | Specific laws that allow exemption |
|--|---|-----|---|------------------------------------|
| control and and property | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| Clothing Line from Schedule A/B 11.1 | \$350.00 | • | \$350.00 | 735 ILCS 5/12-1001(a) |
| Line from Schedule A/B. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Engagement Ring Line from Schedule A/B 12.1 | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(b) |
| LINE HOLL SCHEDULE PAD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Dog Line from Schedule A/B 13.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Genedale AVE. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash on hand Line from Schedule A/B 16.1 | \$20.00 | • | \$20.00 | 735 ILCS 5/12-1001(b) |
| Line from Scriedule A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Resource Bank Line from Schedule A/B: 17.1 | \$432.69 | • | \$432.69 | 735 ILCS 5/12-1001(b) |
| Line nom Schedule A/D. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

- ☐ No
- ☐ Yes

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------------------------|--------------------------------------|
| Debtor 1 | Kimber S. Johns | on | | |
| | First Name | Middle Name | Last Name | -) |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | - |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | _ |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | | Document | Page 18 of | 48 | | | |
|---------------------------------|---|--|--|--------------------------|-----------------|-------------------|----------------|
| Fill in this info | ormation to identify your case: | | | | | | |
| Debtor 1 | Kimber S. Johnson | | | | | | |
| | First Name | Middle Name | Last Name | |) | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| Halland Otalian | Dead and the Occasi feet the NOD | THERM DISTRICT OF H | LLINOIC EACTEDN | DIVICION | } | | |
| United States | Bankruptcy Court for the: NOR | THERN DISTRICT OF II | LLINOIS, EASTERN | DIVISION | l | | |
| Case number | | | | | ľ | | |
| (if known) | | | | | | Check if this i | s an |
| | | | | |] | amended filin | g |
| Official Fo | orm 106E/F | | | | | | |
| | E/F: Creditors Who F | lave Unsecured | d Claims | | | 12 | 2/15 |
| | and accurate as possible. Use Part 1 | | | | | | |
| ase number (if | n Page to this page. If you have no in known). t All of Your PRIORITY Unsecure | · | art, do not me that Par | t. On the top of any ad | ditional page | es, write your na | ame and |
| 1. Do any cre | ditors have priority unsecured claims | s against you? | | | | | |
| ☐ No. Go t | to Part 2. | | | | | | |
| Yes. | | | | | | | |
| identify wha possible, lis | our priority unsecured claims. If a creat type of claim it is. If a claim has both put the claims in alphabetical order accordian one creditor holds a particular claim | priority and nonpriority amou ding to the creditor 's name. | ints, list that claim here if you have more than t | and show both priority a | nd nonpriority | amounts. As mi | uch as |
| | lanation of each type of claim, see the in | | | | | | |
| (* 5. 5 5p. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , | Total claim | Priority amount | Nonp amou | riority Int |
| | is Department of Revenu | Last 4 digits of acco | unt number | unknown | | \$0.00 | \$0.00 |
| Priority | Creditor's Name | When was the debt i | incurred? | | | | |
| РО В | Box 19447 | Whom was the dest i | | | _ | | |
| | ngfield, IL 62794-9447 | <u> </u> | | | | | |
| | er Street City State Zlp Code | _ | le, the claim is: Check | all that apply | | | |
| _ | rred the debt? Check one. | Contingent | | | | | |
| Debtor | 1 only | ☐ Unliquidated | | | | | |
| ☐ Debtor | 2 only | ☐ Disputed | | | | | |
| ☐ Debtor | 1 and Debtor 2 only | Type of PRIORITY u | nsecured claim: | | | | |
| ☐ At leas | at one of the debtors and another | ☐ Domestic support | obligations | | | | |
| ☐ Check | if this claim is for a community deb | t Taxes and certain | other debts you owe th | e government | | | |
| Is the clai | m subject to offset? | Claims for death o | or personal injury while y | ou were intoxicated | | | |
| ■ No | | Other. Specify | | | | | |
| ☐ Yes | | | | | | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 19 of 48

| Debto | Johnson, Kimber S. | —————————————————————————————————————— | Case number (if know) | |
|-----------------|---|---|--|--------------------------------|
| 2.2 | IRS Priority Creditor's Name | Last 4 digits of account number | \$3,000.00 | 3,000.00 \$0.00 |
| | PO Box 804527 Cincinnati, OH 45280-4527 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim is: | Check all that apply | |
| ١ | Who incurred the debt? Check one. | Contingent | опсок ан так арру | |
| | Debtor 1 only | ☐ Unliquidated | | |
| ı | ☐ Debtor 2 only | ☐ Disputed | | |
| _ | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | |
| _ | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | |
| ı | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you | owe the government | |
| | s the claim subject to offset? | ☐ Claims for death or personal injury | • | |
| ı | No | Other. Specify | · | |
| I | ☐ Yes | . , | | |
| Part 2 | List All of Your NONPRIORITY Unsecu | red Claims | | |
| 4. Li ur | No. You have nothing to report in this part. Submit to Yes. If Yes. It all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other | alphabetical order of the creditor who laim. For each claim listed, identify what t | holds each claim. If a creditor has mor | dy included in Part 1. If more |
| | | | | Total claim |
| 4.1 | Barclays Bank Delaware | Last 4 digits of account number | 2177 | \$518.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2015-04 | |
| | 100 S West St Wilmington, DE 19801-5015 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did | not |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |

■ Other. Specify Revolving account

☐ Yes

Entered 01/30/18 11:24:41 Case 18-02527 Doc 1 Filed 01/30/18 Desc Main Document

Page 20 of 48 Case number (f know) Debtor 1 Johnson, Kimber S. 4.2 \$2,537.00 Capital One Last 4 digits of account number 1533 Nonpriority Creditor's Name When was the debt incurred? 2010-01 PO Box 30285 **Salt Lake City, UT 84130-0285** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving account ☐ Yes 4.3 **Comenity Bank** Last 4 digits of account number 9553 \$2,242.00 Nonpriority Creditor's Name When was the debt incurred? 2016-09 PO Box 659569 San Antonio, TX 78265-9569 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Open account 4.4 Comentiy - Carson's Last 4 digits of account number \$862.43 3675 Nonpriority Creditor's Name When was the debt incurred? PO Box 659813 San Antonio, TX 78265-9113 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed \square At least one of the debtors and another Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

Other. Specify

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 21_of 48

Debtor 1 Johnson, Kimber S. Case number (if know) 4.5 \$347.50 **Nortwestern Medicine** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? c/o State Collection Service 2509 S Stoughton Rd Madison, WI 53716-3314 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.6 Synchrony Bank Last 4 digits of account number 2802 \$2,386.24 Nonpriority Creditor's Name When was the debt incurred? PO Box 965064 Orlando, FL 32896-5064 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 Synchrony Bank/Gap Last 4 digits of account number \$3,567.00 5702 Nonpriority Creditor's Name When was the debt incurred? 2012-08 PO Box 965064 Orlando, FL 32896-5064 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving account ☐ Yes

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 22_of 48

| Debtor | 1 Johnson, Kimber S. | | Case number (f know) | |
|--|---|--|---|--|
| 4.8 | Target | Last 4 digits of account number | 6729 | \$4,270.00 |
| | Nonpriority Creditor's Name C/O Financial & Retail Srvs Mailstonn BT | When was the debt incurred? | 2012-12 | - |
| | Mailstopn BT PO Box 9475 Minneapolis, MN 55440-9475 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only | As of the date you file, the claim ☐ Contingent | is: Check all that apply | |
| | , | - | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | Late. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Revolving | account | - |
| 4.9 | US Dept of Ed/Great Lakes Educational Lo | Last 4 digits of account number | 8581 | \$37,188.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | 2010-02 | |
| | 2401 International Ln Madison, WI 53704-3121 | | | - |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ☐ Other. Specify | | _ |
| | | Installmen | t account | - |
| is tryii have r notifie Name ar | is page only if you have others to be notified a ng to collect from you for a debt you owe to so more than one creditor for any of the debts tha ed for any debts in Parts 1 or 2, do not fill out o | bout your bankruptcy, for a debt that y meone else, list the original creditor in t you listed in Parts 1 or 2, list the addir r submit this page. On which entry in Part 1 or Part 2 did you | Parts 1 or 2, then list the collection agency tional creditors here. If you do not have add list the original creditor? | here. Similarly, if you itional persons to be |
| | ays Bank Delaware ox 8803 | | Part 1: Creditors with Priority Unsecured Clai | |
| - | ngton, DE 19899-8803 | • | Part 2: Creditors with Nonpriority Unsecured | Claims |
| | | Last 4 digits of account number | 2177 | |
| Capita PO Bo | ox 30281 | | list the original creditor? Part 1: Creditors with Priority Unsecured Clai Part 2: Creditors with Nonpriority Unsecured | |
| Salt L | ake City, UT 84130-0281 | Last 4 digits of account number | 1533 | |
| Forste | | On which entry in Part 1 or Part 2 did you Line 4.8 of (<i>Check one</i>): | list the original creditor? Part 1: Creditors with Priority Unsecured Clai | ms |
| | nderbilt Motor Pkwy | | Part 2: Creditors with Nonpriority Unsecured | Claims |
| COIIII | nack, NY 11725-5710 | Last 4 digits of account number | 6729 | |
| Name ar | nd Address | On which entry in Part 1 or Part 2 did you | list the original creditor? | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 23 of 48

| Debtor 1 Johnson, Kimber S. | | Case number (if know) | |
|---|--------------------------------------|---|--|
| Jh Portfolio Debt Equi 5757 Phantom Dr Ste 225 | Line 4.3 of (Check one): | Part 1: Creditors with Priority Unsecured Claims | |
| Hazelwood, MO 63042-2429 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Tid25W650, IIIO 55542 2425 | Last 4 digits of account number | 9553 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Midland Credit Management, Inc. | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 60578 Los Angeles, CA 90060-0578 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| LOS Aligeles, CA 90000-0376 | Last 4 digits of account number | 2802 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| NES of Ohio | Line 4.7 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 2479 Edison Blvd Unit A | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Twinsburg, OH 44087-2476 | Last 4 digits of account number | 5702 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Syncb/gapdc | Line 4.7 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 965005 Orlando, FL 32896-5005 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Onando, FL 32090-3003 | Last 4 digits of account number | 5702 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| Td Bank USA/Targetcred | Line 4.8 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 673 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Minneapolis, MN 55440-0673 | Last 4 digits of account number | 6729 | |
| Name and Address | On which entry in Part 1 or Part 2 d | id you list the original creditor? | |
| US Dept of Ed/Glelsi | Line 4.9 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| PO Box 7860 Madison, WI 53707-7860 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Madison, **1 33/0/-/000 | Last 4 digits of account number | 8581 | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 3,000.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 3,000.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 37,188.00 |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 16,730.17 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 53,918.17 |

| | | | III FAUE 74 UL40 | |
|---|-------------------------|-------------------|-------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Kimber S. Johns | on | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | |
| Case number (if known) | | | | |
| , | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | n whom you have the r, Street, City, State and ZIP | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.2 | - , | | | | |
| 2.2 | Name | | | | <u> </u> |
| | ivame | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | Number | Olicci | | | |
| | -0.1 | | | 710.0 | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | | | | | |
| | | | | | <u> </u> |
| | Number | Street | | | |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Ivaille | | | | |
| | | | | | |
| | Number | Street | | | - |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | City | | State | ZIF Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | | | | | |
| | Nicosia | 044 | | | <u> </u> |
| | Number | Street | | | |
| | | | | | <u></u> |
| | City | | State | ZIP Code | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 25 of 48

Fill in this information to identify your case:

Debtor 1 Kimber S. Johnson
First Name Middle Name Last Name

Debtor 2

| Daktano | First Name | Middle Name | Last Name | | |
|---------------------------------------|--|--|--|--|-------------------------------|
| Debtor 2 (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for th | e: NORTHERN DISTRICT | OF ILLINOIS, EASTER | N DIVISION | |
| Case num | nber | | | - | c if this is an ded filing |
| Officia | al Form 106H | | | | |
| | dule H: Your Co | odebtors | | | 12/15 |
| are filing t and numb case numb | ogether, both are equally er the entries in the boxes ber (if known). Answer eve | responsible for supplying co on the left. Attach the Addit rry question. | rrect information. If mo ional Page to this page. | complete and accurate as possible. If to re space is needed, copy the Additiona On the top of any Additional Pages, wr | ıl Page, fill it out, |
| 1. Do | you have any codebtors? | (If you are filing a joint case, d | o not list either spouse as | a codebtor. | |
| ■ No □ Yes | | | | | |
| | | you lived in a community proada, New Mexico, Puerto Rico | | ? (Community property states and territori Wisconsin.) | es include Arizona, |
| | o. Go to line 3. s. Did your spouse, former s | pouse, or legal equivalent live v | vith you at the time? | | |
| line 2 | again as a codebtor only), Schedule E/F (Official Fo | if that person is a guarantor | or cosigner. Make sure | your spouse is filing with you. List the you have listed the creditor on Schedus Schedule D, Schedule E/F, or Schedu | ule D (Official Forn |
| | Column 1: Your codebtor Name, Number, Street, City, State a | and ZIP Code | | Column 2: The creditor to whom yo Check all schedules that apply: | u owe the debt |
| 3.1 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | - | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | - | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 26 of 48

| Fill | in this information to identify your ca | se: | | | | ļ | | | | |
|---------------|--|-------------------------------|-------------------------------|--------------|--------|--------------|------------|-------------|-------------------------|------------|
| Del | otor 1 Kimber S. Jo | hnson | | | | | | | | |
| _ | otor 2 | | | | | | | | | |
| Uni | ted States Bankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, EA | ASTERN | | | | | | |
| | se number lown) | | - | | | □ A | | ed filing | g postpetition o | chapter 13 |
| 0 | fficial Form 106I | | | | | M | IM / DD/ Y | /YYY | | |
| S | chedule I: Your Inco | me | | | | | | | | 12/1 |
| atta | use. If you are separated and your ch a separate sheet to this form. O t1: Describe Employment Fill in your employment information. | | | | | | ber (if kn | nown). Ans | | |
| | If you have more than one job, | | ■ Employed | | | | ☐ Empl | | g cpcucc | |
| | attach a separate page with information about additional | Employment status | ☐ Not employed | , , | | | | mployed | | |
| | employers. | Occupation | Paralegal | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Morelli Legal | Counsel, | РС | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 2902 Lincoln Saint Charles | | 5-75 | 41 | | | | |
| | | How long employed th | nere? <u>1 yea</u> | rs and 5 | mor | nths | _ | | | |
| Par | t 2: Give Details About Mont | thly Income | | | | | | | | |
| | mate monthly income as of the dates so you are separated. | e you file this form. If y | ou have nothing to r | eport for an | y line | e, write \$0 | in the sp | ace. Includ | e your non-filir | ng spouse |
| If yo spac | u or your non-filing spouse have more ee, attach a separate sheet to this forn | than one employer, comb n. | oine the information | for all empl | oyers | s for that p | oerson on | the lines b | elow. If you ne | ed more |
| | | | | | | For Deb | otor 1 | | btor 2 or ing spouse | |
| 2. | List monthly gross wages, salary deductions). If not paid monthly, ca | | | 2. | \$ | 3, | 200.00 | \$ | N/A | |
| 3. | Estimate and list monthly overting | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add line | e 2 + line 3. | | 4. | \$ | 3,20 | 00.00 | \$ | N/A | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 27 of 48

| Deb | otor 1 | Johnson, Kimber S. | _ | (| Case | number (if k | nown) | | | | | |
|-----|-----------------|--|----------|----------------|-------------|--------------|--------------|----------|------------------------|-------|-----------------|------|
| | | | | | For | Debtor 1 | | | r Debtor n-filing s | | | |
| | Copy | y line 4 here | 4. | | \$ | 3,20 | 0.00 | \$ | g c | N/A | <u> </u> | |
| 5. | l ist : | all payroll deductions: | | | | | | | | | _ | |
| J. | 5a. | Tax, Medicare, and Social Security deductions | 5a | , | \$ | 70 | 5 26 | \$ | | NI// | | |
| | 5a. 5b. | Mandatory contributions for retirement plans | 5a 5b | | \$ - | | 5.36 0.00 | · | | N/A | _ | |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ - | | 0.00 | · | | N/A | _ | |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ - | | 8.10 | · | | N/A | | |
| | 5e. | Insurance | 5e | | <u>*</u> - | | 0.00 | · | | N/A | _ | |
| | 5f. | Domestic support obligations | 5f. | | \$ | | 0.00 | · | | N/A | _ | |
| | 5g. | Union dues | 5g | J. | \$ | | 0.00 | \$ | | N/A | _ | |
| | 5h. | Other deductions. Specify: | 5h | | \$ | | 0.00 | + \$ | | N/A | _ | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$_ | 823 | 3.46 | \$ | | N/A | <u> </u> | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,37 | 6.54 | \$ | | N/A | <u> </u> | |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | | |
| | | monthly net income. | 8a | | \$_ | | 0.00 | . \$_ | | N/A | _ | |
| | 8b. | Interest and dividends | 8b |). | \$_ | | 0.00 | | | N/A | <u> </u> | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | | \$_ | (| 0.00 | \$_ | | N/A | _ | |
| | 8d. | Unemployment compensation | 8d | l. | \$_ | | 0.00 | . \$_ | | N/A | _ | |
| | 8e. | Social Security | 8e |) . | \$_ | | 0.00 | | | N/A | <u>\</u> | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ | | 0.00 | \$ | | N/A | 1 | |
| | 8g. | Pension or retirement income | — 8g | | \$ - | | 0.00 | · | | N/A | | |
| | 8h. | Other monthly income. Specify: | - | | <u>*</u> - | | 0.00 | · | | N/A | _ | |
| 0 | المالم ا | · · · · · · · · · · · · · · · · · · · | — 9. | 9 | | | | \$ | | | _ | |
| 9. | Auu | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | 4 | | | 0.00 | <u> </u> | | N/ | A | |
| 10. | Calc | ulate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,376.54 | + \$ | | N/A |]=[\$ | 2,37 | 6.54 |
| | Add | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | _ | | , | l L | | | 1 [| ,- | |
| 11. | Inclu- other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your defriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not avoify: | epende | | | | | | <i>dule J</i> . 11. | +\$ | (| 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain | | | | | | | ies 12. | \$ | 2,370 | 6.54 |
| | | | | | | | | | | Comb | ined ly inco | me |
| 13. | Do y ■ □ | ou expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 28 of 48

| Fill in this information to identify you | ır case: | | | |
|--|---|---|---|-------------------------------|
| Debtor 1 Kimber S. Jol | hnson | C | Check if this is: | |
| Debtor 2 | | - | An amended filingA supplement show | wing postpetition chapter 13 |
| (Spouse, if filing) | | | expenses as of the | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLING | OIS, | MM / DD / YYYY | |
| Case number (If known) | | | | |
| Official Form 106J | | | | |
| Schedule J: Your E | xpenses | | | 12/1: |
| information. If more space is need (if known). Answer every question Part 1: Describe Your Househ | | | | |
| 1. Is this a joint case? | | | | |
| ■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in | a separate household? | | | |
| ☐ No ☐ Yes. Debtor 2 must | file Official Form 106J-2, Expenses f | or Separate Householdof De | btor 2. | |
| 2. Do you have dependents? | ■ No | | | |
| Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the | | | | □ No |
| dependents names. | | | | Yes |
| | | | | □ No □ Yes |
| | | | | . D No |
| | | | | ☐ Yes |
| | | | | □ No |
| | | | | Yes |
| Do your expenses include expenses of people other that yourself and your dependent | | | | |
| | g Monthly Expenses Ir bankruptcy filing date unless yo nkruptcy is filed. If this is a supple | | | |
| | on-cash government assistance if ye included it on Schedule I: Your I | | Your exp | penses |
| (| | | | |
| The rental or home ownershi payments and any rent for the g | p expenses for your residence. Indured or lot. | | . \$ | 0.00 |
| If not included in line 4: | | | | |
| 4a. Real estate taxes | | 4a | ı. \$ | 0.00 |
| 4b. Property, homeowner's, o | | | o. \$ | 0.00 |
| · | air, and upkeep expenses | | :. \$ | 100.00 |
| 4d. Homeowner's associatio5. Additional mortgage payment | n or condominium dues I ts for your residence, such as hom | | l. \$ 5. \$ | 0.00 0.00 |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 29 of 48

| or 1 Johnson | , Kimber S. | Case numb | er (if known) | |
|-------------------------------------|--|-----------|---------------------------------------|--------------------|
| Utilities: | | | | |
| 6a. Electricity, | heat, natural gas | 6a. | \$ | 90.00 |
| 6b. Water, sev | ver, garbage collection | 6b. | \$ | 0.00 |
| 6c. Telephone | , cell phone, Internet, satellite, and cable services | 6c. | \$ | 250.00 |
| 6d. Other. Spe | cify: | 6d. | \$ | 0.00 |
| • | keeping supplies | | \$ | 500.00 |
| | nildren's education costs | | \$ | 0.00 |
| | y, and dry cleaning | | \$ | |
| O, | | | * | 200.00 |
| • | oducts and services | | \$ | 150.00 |
| Medical and der | | 11. | \$ | 0.00 |
| | Include gas, maintenance, bus or train fare. | 10 | ¢ | 200.00 |
| Do not include ca | 1 / | 12. | | |
| | lubs, recreation, newspapers, magazines, and books | | \$ | 150.00 |
| | ibutions and religious donations | 14. | \$ | 0.00 |
| Insurance. | | | · · · · · · · · · · · · · · · · · · · | |
| | surance deducted from your pay or included in lines 4 or 2 | | _ | |
| 15a. Life insura | | 15a. | | 18.00 |
| 15b. Health insu | ırance | 15b. | \$ | 0.00 |
| 15c. Vehicle ins | urance | 15c. | \$ | 120.00 |
| 15d. Other insu | ance. Specify: | 15d. | \$ | 0.00 |
| | lude taxes deducted from your pay or included in lines 4 or | 20. | | 2.30 |
| Specify: | • • • | 16. | \$ | 0.00 |
| Installment or le 17a. Car payme | | 17a. | ¢ | 220.00 |
| , , | | | | 228.00 |
| 17b. Car payme | | 17b. | | 0.00 |
| 17c. Other. Spe | | 17c. | \$ | 95.00 |
| 17d. Other. Spe | cify: Student Loan | 17d. | \$ | 171.00 |
| | of alimony, maintenance, and support that you did not | | \$ | 0.00 |
| | our pay on line 5, Schedule I, Your Income (Official For | | | |
| | you make to support others who do not live with you. | 19. | \$ | 0.00 |
| Specify: | rty expenses not included in lines 4 or 5 of this form of | | Incomo | |
| | on other property | 20a. | Income. | 0.00 |
| | | | | 0.00 |
| 20b. Real estate | | 20b. | · | 0.00 |
| 20c. Property, h | omeowner's, or renter's insurance | 20c. | | 0.00 |
| 20d. Maintenand | ce, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeowne | r's association or condominium dues | 20e. | \$ | 0.00 |
| Other: Specify: | Storage Unit | 21. | +\$ | 100.00 |
| Calculate vour n | nonthly expenses | | | |
| 22a. Add lines 4 | • • | | \$ | 2.372.00 |
| | • | m 100 L 0 | | 2,312.00 |
| | (monthly expenses for Debtor 2), if any, from Official Form | II 106J-2 | \$ | |
| 22c. Add line 22a | and 22b. The result is your monthly expenses. | | \$ | 2,372.00 |
| • | nonthly net income. | _ | _ | |
| 23a. Copy line | 2 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,376.54 |
| 23b. Copy your | monthly expenses from line 22c above. | 23b. | -\$ | 2,372.00 |
| 23c Subtractiv | our monthly expenses from your monthly income | Γ | | |
| • | our monthly expenses from your monthly income. s your monthly net income. | 23c. | \$ | 4.54 |
| Do you expect a For example, do yo | n increase or decrease in your expenses within the year or do you expect to finish paying for your car loan within the year or do you erms of your mortgage? | | | ecrease because of |
| | Evnlain here: | | | |
| ☐ Yes. | Explain here: | | | |

| Fill in this infor | mation to identify your | 22201 | | | |
|---------------------|--|--------------------------|---|-------------------------------|---|
| Debtor 1 | Kimber S. Johns | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS, EASTERI | N DIVISION | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| ou must file this | s form whenever you fil | le bankruptcy schedules | onsible for supplying corr s or amended schedules. kruptcy case can result ii | Making a false stateme | ont, concealing property, or or imprisonment for up to 20 |
| Sign | n Below | | | | |
| Did you pay | y or agree to pay some | one who is NOT an attor | rney to help you fill out b | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Attach Bankru Declaration, a | uptcy Petition Preparer's Notice, nd Signature (Official Form 119) |
| Under penal | ity of perjury, I declare t true and correct. | that I have read the sum | nmary and schedules filed | f with this declaration a | nd |
| | r S. Johnson re of Debtor 1 | Jamson | X Signature of | Debtor 2 | |
| _ | January 26, 2018 | | Date | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 31 of 48

| Fill | in this inform | nation to identify you | r case: | | | |
|--------|---------------------------|--|--|---|--|---|
| _ | otor 1 | Kimber S. Johr | | | | |
| | | First Name | Middle Name | Last Name | | |
| | otor 2 use if, filing) | First Name | Middle Name | Look Norse | | |
| 1 | | | | Last Name | | |
| Unit | ied States Bar | nkruptcy Court for the | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIV | /ISION | |
| | e number _ | | | | | |
| (if kn | own) | | | | | Check if this is an |
| Ь | · | | | | | amended filing |
| Oπ | Saial Eas | 107 | | | | |
| | icial For | | | | | |
| Sta | atement | of Financial | Affairs for Indivi | duals Filing for E | Bankruptcy | 4/1 |
| Be as | s complete ar | nd accurate as possi | ble. If two married people a | re filing together, both are a | qually responsible for suppl | ying correct |
| IIIIO | mauon. 11 mg | ore space is needed, er every question. | attach a separate sheet to | this form. On the top of any | additional pages, write your | name and case numbe |
| _ | | • • | out a Court of the | | • | |
| Part | Give D | etalls About Your Ma | arital Status and Where Yo | u Lived Before | | |
| 1. | What is your | current marital statu | s? | | | |
| | ☐ Married | | | | | |
| | ■ Not marr | ried | | | | |
| 2. | During the le | ot 2 h | Character to the state of | | | |
| ۷. | During the las | st 3 years, nave you | lived anywhere other than | where you live now? | | |
| 1 | □ No | | | | | |
| | Yes. List | all of the places you live | red in the last 3 years. Do not | include where you live now. | | |
| | Debtor 1 Price | or Address | Dates Debtor 1 | lived Debter 2 Dries Ad | duana | - |
| | | or 24401000. | there | lived Debtor 2 Prior Ad | aress: | Dates Debtor 2 lived there |
| | 28265 Bric | | From-To: | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 |
| | Sycamore, | IL 60178-8129 | 10/15 - 5/17 | | | From-To: |
| - | | | | | | |
| | 621 Prospe | ect St 60115-3869 | From-To: | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 |
| | Denaib, iL | 00115-3669 | 5/14 - 10/15 | | | From-To: |
| - | | | | | | |
| 3. \ | Vithin the las | st 8 vears, did vou ev | er live with a spouse or led | ial equivalent in a communit | y property state or territory? | (Community property |
| states | and territories | s include Arizona, Cal | fornia, Idaho, Louisiana, Ne | vada, New Mexico, Puerto Ric | o, Texas, Washington and Wis | sconsin.) |
| ı | ■ No | | | | | |
| [| | e sure vou fill out Sche | dule H: Your Codebtors (Off | icial Form 106H) | | |
| | | , | | iolai i olini 10011ji. | | |
| Part . | 2 Explain | the Sources of You | Income | | | |
| 4 6 | Old years bases | | | | _ | |
| ۲ | -ill in the total | amount of income you | ı received from all jobs and a | g a business during this yea all businesses, including part-t ogether, list it only once under | r or the two previous calend ime activities. Debtor 1. | ar years? |
| [| □ No | | | | | |
| Ī | _ | n the details. | | | | |
| | | | | | STREET, S. C. COLLEGE CONT. CO | m and daying york, an aggreen start of the |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 32 of 48

| Debtor 1 Johnson, Kimber S. | | | | | Case number (if known) | | | | | |
|-----------------------------|---------------------------------|----------------------------|---|--|---|---|--|--|--|--|
| | | | | Debtor 1 | | Debtor 2 | オオー 物質 しこ | | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco Check all that ap | | | | |
| F (J | or last cale anuary 1 t | ndar year: o December | 31, 2017) | ■ Wages, commissions, bonuses, tips | \$39,067.61 | ☐ Wages, comm bonuses, tips | nissions, | | | |
| | | | | Operating a business | | Operating a b | usiness | | | |
| Fo (J | or the cale anuary 1 to | ndar year be o December | efore that: · 31, 2016) | ■ Wages, commissions, bonuses, tips | \$28,671.00 | ☐ Wages, comm bonuses, tips | nissions, | | | |
| | 110110101010101 112 00010001001 | | | Operating a business | | Operating a bi | usiness | | | |
| | you are fi | ling a joint ca | ase and you h | ave income that you received tog | idends; money collected from jether, list it only once under l | lawsuits; royalties; a Debtor 1. | ocial Security, unemployment, and gambling and lottery winnings. | | | |
| | | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of incor Describe below. | ne Gross income (before deductions and exclusions) | | | |
| Pa | rt 3; Lis | t Certain Pa | ayments You | Made Before You Filed for B | ankruptcy | | | | | |
| 6. | Are eithe No. | Neither D | ebtor 1 nor E | 's debts primarily consumer d Debtor 2 has primarily consum personal, family, or household p | ner debts. Consumer debts a | are defined in 11 U.S | .C. § 101(8) as "incurred by an | | | |
| | | During the | 90 days befo | re you filed for bankruptcy, did y | ou pay any creditor a total of | \$6,425* or more? | | | | |
| | | ⊔ _{No.} | Go to line | 7. | | | | | | |
| | | ☐ Yes | payments t | each creditor to whom you paid a o not include payments for dom o an attorney for this bankruptcy on 4/01/19 and every 3 years af | estic support obligations, su case. | ch as child support a | and the total amount you paid that and alimony. Also, do not include atment. | | | |
| | ■ Yes. | Debtor 1 | or Debtor 2 o | r both have primarily consum re you filed for bankruptcy, did yo | ier debts. | | | | | |
| | | No. | Go to line 7 | 7. | | | | | | |
| | | □ _{Yes} | List below e payments for this bankru | each creditor to whom you paid a or domestic support obligations, otcy case. | total of \$600 or more and the such as child support and ali | e total amount you pa mony. Also, do not in | id that creditor. Do not include clude payments to an attorney for | | | |
| | Creditor | 's Name and | d Address | Dates of paymen | t Total amount paid | Amount you \ still owe | Was this payment for | | | |
| 7. | which you | are an office | elatives; any g er, director, pe | bankruptcy, did you make a peneral partners; relatives of any reson in control, or owner of 20% rietor. 11 U.S.C. § 101. Include p | general partners; partnership or more of their voting securi | s of which you are a gites; and any managi | general partner; corporations of | | | |
| | No Yes. | List all paym | ents to an ins | ider. | | | | | | |
| | Insider's | Name and | Address | Dates of payment | t Total amount paid | Amount you F | Reason for this payment | | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 33 of 48

| De | ebtor 1 Johnson, Kimber S. | | Case number (if known) | | | | | |
|-----|---|--|---|--|--|-------------------|--|--|
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosig | | ments or transfer any | property on ac | count of a debt tha | t benefited an | | |
| | ■ No □ Yes. List all payments to an insider | | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this particulate creditor's | | | |
| Pa | art 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury of and contract disputes. | cy, were you a party in any ases, small claims actions, | y lawsuit, court action divorces, collection sui | n, or administrat its, paternity action | ive proceeding? ns, support or custoo | ly modifications, | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the cas | e | | |
| | Capital One v. Kimber Johnson 17SC3773 | Small Claims | Kane County Ci 540 S Randall R Saint Charles, IL 60174-1534 | d | ☐ Pending ☐ On appeal ☐ Concluded | | | |
| | Midland Funding v. Kimber Johnson 17SC575 | Small Claims | Kane County Cir 540 S Randall R Saint Charles, IL 60174-1534 | d | ■ Pending □ On appeal □ Concluded | | | |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. | y, was any of your proper | ty repossessed, fore | closed, garnishe | ed, attached, seized | l, or levied? | | |
| | ☐ Yes. Fill in the information below. | | | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the | | |
| | | Explain what happened | | | | property | | |
| 1. | Within 90 days before you filed for bankrupt accounts or refuse to make a payment beca No | tcy, did any creditor, inclu use you owed a debt? | ding a bank or finand | cial institution, s | et off any amounts | from your | | |
| | Yes. Fill in the details. | | | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date a taken | ction was | Amount | | |
| 2. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an | y, was any of your proper other official? | ty in the possession | of an assignee f | or the benefit of cr | editors, a | | |
| | ■ No □ Yes | | | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | | | |
| 3. | Within 2 years before you filed for bankrupte No | cy, did you give any gifts | with a total value of r | more than \$600 p | er person? | | | |
| | ☐ Yes. Fill in the details for each gift. | | | | | | | |
| | Gifts with a total value of more than \$600 person | er Describe the gifts | | Dates the gift | you gave ts | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 34 of 48

| De | ebtor 1 Johnson, Kimber S. | с | ase number (if known) | | | | | |
|-----|--|---|--|---------------------------|--|--|--|--|
| | | | | | | | | |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? | | | | | | | |
| | ■ No □ Yes. Fill in the details for each gift or contribution. | | | | | | | |
| | Gifts or contributions to charities that | | . . | | | | | |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | | Dates you contributed | Valu | | | | |
| Pa | art 6: List Certain Losses | • | | | | | | |
| | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? | | | | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and | Describe only incomes accessed for the Land | | | | | | |
| | how the loss occurred | Describe any insurance coverage for the los Include the amount that insurance has paid. Lis insurance claims on line 33 ofSchedule A/B: Pro | st pending loss | Value of propert los | | | | |
| Pa | rt 7: List Certain Payments or Transfer | s | | | | | | |
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. | | | | | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address | Description and value of any proper transferred | ty Date payment or transfer was made | Amount o paymen | | | | |
| | Person Who Made the Payment, if Not Y Brian Wright & Associates, P.C. 437 West State Street Suite 101 Sycamore, IL 60178 | Attorney Fees | 1/26/18 | \$1,200.00 | | | | |
| | MoneySharp Credit Counseling, In | c. Credit Counseling | | \$0.00 | | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | |
| | ■ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and value of any propert transferred | ty Date payment or transfer was made | Amount of payment | | | | |
| 18. | Include both outright transfers and transfers gifts and transfers that you have already liste | made as security (such as the granting of a securi- | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | — Tool i iii iii dotallo. | Deposition and select | Describes | | | | | |
| | Person Who Received Transfer Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made | | | | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for banks | ruptcy, did you transfer any property to a self- | settled trust or similar device o | f which you are a | | | | |

Official Form 107

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Page 35 of 48 Document

| De | Johnson, Kimber S. | | Case n | umber (if known) | _ | |
|-----|--|--|-------------------------------|--|---|--|
| | beneficiary? (These are often called asset-protein | action devices | | | | |
| | No | ection devices.) | | | | |
| | Yes. Fill in the details. | | | | | |
| | Name of trust | Description and | I value of the property tra | nsferred | Date Transfer was | |
| Da | rt 8: List of Certain Financial Accounts, Ins | | | | made | |
| Га | t 8: List of Certain Financial Accounts, Ins | truments, Safe Depos | it Boxes, and Storage Uni | ts | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | |
| | No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfe | |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? | | | | | |
| | ■ No | | | | | |
| | ☐ Yes. Fill in the details. | | | • | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had a Address (Number and ZIP Code) | | e the contents | Do you still have it? | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has on to it? Address (Number, and ZIP Code) | | e the contents | Do you still have it? | |
| | Red Dot Storage | • | House | hold Goods | □No | |
| | 204 Harvestore Dr DeKalb, IL 60115-8769 | | | | ■ Yes | |
| Par | 9: Identify Property You Hold or Control for | or Someone Else | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City Code) | | e the property | Value | |
| Par | 10: Give Details About Environmental Infor | ŕ | | | | |
| _ | he purpose of Part 10, the following definition | | | | | |
| - | Environmental law means any federal, state, o | , | ulation concerning pollution | on, contamination, releas | ses of hazardous or | |

- toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 36 of 48

| De | DIOI | Johnson, Kimber S. | | _ C | ase number (if known) | | | |
|---|------------------|--|--|------------------|---|--------------------|--|--|
| | | | | | | | | |
| 24. | На | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | ame of site ddress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, Sta ZIP Code) | ate and | Environmental law, if you know it | Date of notice | | |
| 25. | На | Have you notified any governmental unit of any release of hazardous material? | | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | ame of site idress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, Sta | ite and | Environmental law, if you know it | Date of notice | | |
| 26. | Ha | ve you been a party in any judicial or adı | u been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | | ature of the case | Status of the case | | |
| Pa | rt 11 | Give Details About Your Business or | , | | | | | |
| | | | | | Ale a de Ul continue de la continue | | | |
| 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any b A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | business? | | |
| | | | | | | | | |
| | | ☐ A member of a limited liability comp | oany (LLC) or limited liability partner | 'ship (Ll | LP) | | | |
| | | ☐ A partner in a partnership | | | | | | |
| ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | | No. None of the above applies. Go to Part 12. | | | | | | |
| | | Yes. Check all that apply above and fill in the details below for each business. | | | | | | |
| | Business Name De | | Describe the nature of the busines | ss s | Employer Identification number | | | |
| | | Number, Street, City, State and ZIP Code) | Name of accountant or bookkeepe | er | Do not include Social Security number or ITIN. | | | |
| | | | | | Dates business existed | | | |
| 28. | Witl inst | nin 2 years before you filed for bankrupt itutions, creditors, or other parties. | yone about your business? Inclu | de all financial | | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details below. | | | | | | |
| Name Address (Number, Street, City, State and ZIP Code) | | dress | Date Issued | | | | | |
| Par | 12: | Sign Below | | | | | | |
| | | | | | | | | |

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 37 of 48

| Debtor 1 | Johnson, Kimber S. | Case number (if known) |
|-----------------------------|---|--|
| bankrupto 18 U.S.C. | ey case can result in fines up to \$250,00 §§ 152, 1341, 1519, and 3571. | 0, or imprisonment for up to 20 years, or both. |
| | S. Johnson e of Debtor 1 | Signature of Debtor 2 |
| Date <u>Ja</u> | anuary 26, 2018 | Date |
| Did you at ■ No □ Yes | ttach additional pages to Your Statemer | nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you pa ■ No | ay or agree to pay someone who is not | an attorney to help you fill out bankruptcy forms? |
| 🗆 Yes. Na | ame of Person Attach the Bankrup | tcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 38 of 48

| Fill in this inform | nation to identify your | case: | | | |
|------------------------------------|---|-----------------------|--|--------------|--------------------------|
| Debtor 1 | Kimber S. Johns | on | |] | |
| | First Name | Middle Name | Last Name | } | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | | | | | |
| United States Ban | nkruptcy Court for the: | NORTHERN DIST | RICT OF ILLINOIS, EASTERN DIVISION | | |
| Case number | | | | | |
| (if known) | | _ | | | Check if this is an |
| | | | | _ | amended filing |
| | | | | | |
| Official For | rm 108 | | | | |
| | | n for Indiv | riduals Filing Under Chap | tor 7 | 40/45 |
| Statemen | it of intentio | il loi illuiv | riduals Filling Officer Chap | lei <i>i</i> | 12/15 |
| If you are an indiv | /idual filing under chap | oter 7 vou must fill | out this form if: | | |
| | claims secured by you | | out this form in | | |
| | ed personal property a | | t expired | | |
| | | | ou file your bankruptcy petition or by the date se | t for the m | eeting of creditors, |
| | | e court extends the | time for cause. You must also send copies to the | creditors | and lessors you list on |
| the form | 1 | | | | |
| • | ople are filing together e the form. | in a joint case, both | n are equally responsible for supplying correct in | formation. | Both debtors must sign |
| Be as complete ar | nd accurate as possible | e. If more space is r | needed, attach a separate sheet to this form. On the | ne top of a | ny additional pages. |
| | ur name and case num | | , | | rages, |
| Part 1: List Yo | our Creditors Who Have | Socured Claims | | | |
| Fait I. List 10 | di Creditors Wilo Have | ; Secured Claims | | | |
| 1. For any credito information bel | | rt 1 of Schedule D: | Creditors Who Have Claims Secured by Property | (Official F | orm 106D), fill in the |
| | ditor and the property t | hat is collateral | What do you intend to do with the property tha | t Dic | I you claim the property |
| | | | secures a debt? | as | exempt on Schedule C? |
| Creditor's | | | ☐ Surrender the property. | | No |
| name: | | | ☐ Retain the property and redeem it. | | INO |
| | | | ☐ Retain the property and enter into a <i>Reaffirmatio</i> | $_{n}$ | Yes |
| Description of | | | Agreement. | | |
| property | | | ☐ Retain the property and [explain]: | | |
| securing debt: | | | | | |
| Creditor's | | | ☐ Surrender the property. | | No |
| name: | | | Retain the property and redeem it. | _ | 110 |
| | | | ☐ Retain the property and enter into a Reaffirmation | $_{n}$ | Yes |
| Description of | | | Agreement. | | |
| property | | | ☐ Retain the property and [explain]: | | |
| securing debt: | | | | | |
| Creditor's | | | ☐ Surrender the property. | | No |
| name: | | | Retain the property and redeem it. | | |
| | | | ☐ Retain the property and enter into a <i>Reaffirmatio</i> | $_{n}$ | Yes |
| Description of | | | Agreement. | | |
| property | | | ☐ Retain the property and [explain]: | | |
| securing debt: | | | | | |

Official Form 108

Creditor's

☐ Surrender the property.

☐ No

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 39 of 48

| Johnson, Kimber S. | Case number (if known) | |
|---|--|---------------------------------|
| name: | ☐ Retain the property and redeem it. | □ Yes |
| | ☐ Retain the property and enter into a <i>Reaffirmation</i> | |
| Description of | Agreement. | |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | _ |
| he information below. Do not list real estate leases. In any assume an unexpired personal property lease if | ases isted in Schedule G: Executory Contracts and Unexpired Unexpired leases are leases that are still in effect; the leas the trustee does not assume it. 11 U.S.C. § 365(p)(2). | e period has not yet ended. You |
| Describe your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's name: | | □ No |
| Description of leased | | |
| Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased | | |
| Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased | | |
| Property: | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Toporty. | | ☐ Yes |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| | | □ res |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Toporty. | | □ res |
| Lessor's name: | | □ No |
| Description of leased Property: | | ☐ Yes |
| Part 3: Sign Below | | |
| Inder penalty of perjury, I declare that I have indicate | ed my intention about any property of my estate that secu | res a debt and any personal |
| property that is subject to an unexpired lease. | | |
| Kimber S. Johnson | XSignature of Debtor 2 | |
| Kimber S. Johnson Signature of Debtor 1 | Signature of Debtor 2 | |
| ga.a.o or 505.or 1 | | |
| Date January 30, 2018 | Date | |
| | | |

Case 18-02527 Doc 1 Filed 01/30/18 Entered 01/30/18 11:24:41 Desc Main Document Page 40 of 48

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | | Case No. |
|-------------------------------|---|--|
| Johnson, Kimber S. | | Chapter 7 |
| | Debtor(s) | T T What was a second and the second |
| | VERIFICATION OF CREDI | TOR MATRIX |
| | | Number of Creditors21 |
| The above-named Debtor(s) he | reby verifies that the list of creditors is | true and correct to the best of my (our) knowledge. |
| Date: January 26, 2018 | Debtor Debtor | Johnso- |
| | Joint Debtor | |

Barclays Bank Delaware 100 S West St Wilmington, DE 19801-5015

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899-8803

Capital One PO Box 30285 Salt Lake City, UT 84130-0285

Capital One Bank USA N PO Box 30281 Salt Lake City, UT 84130-0281

Comenity Bank PO Box 659569 San Antonio, TX 78265-9569

Comentiy - Carson's PO Box 659813 San Antonio, TX 78265-9113

Forster & Garbus LLP 60 Vanderbilt Motor Pkwy Commack, NY 11725-5710

Illinois Department of Revenu PO Box 19447 Springfield, IL 62794-9447

IRS PO Box 804527 Cincinnati, OH 45280-4527

Jh Portfolio Debt Equi 5757 Phantom Dr Ste 225 Hazelwood, MO 63042-2429

Midland Credit Management, Inc. PO Box 60578 Los Angeles, CA 90060-0578

NES of Ohio 2479 Edison Blvd Unit A Twinsburg, OH 44087-2476

Nortwestern Medicine c/o State Collection Service 2509 S Stoughton Rd Madison, WI 53716-3314

Syncb/gapdc PO Box 965005 Orlando, FL 32896-5005 Synchrony Bank PO Box 965064 Orlando, FL 32896-5064

Synchrony Bank/Gap PO Box 965064 Orlando, FL 32896-5064

Target C/O Financial & Retail Srvs Mailstopn BT PO Box 9475 Minneapolis, MN 55440-9475

Td Bank USA/Targetcred PO Box 673 Minneapolis, MN 55440-0673

US Dept of Ed/Glelsi PO Box 7860 Madison, WI 53707-7860

US Dept of Ed/Great Lakes Educational Lo 2401 International Ln Madison, WI 53704-3121

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|---|
| \$245 | filing fee | - |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Filed 01/30/18 Document Entered 01/30/18 11:24:41 Page 48 of 48

Desc Main

B201B (Form 201B) (12/09)

United States Bankruptcy Court Northern District of Illinois, Eastern Division

| IN RE: | Case No. | | |
|--|---|--|--|
| Johnson, Kimber S. | Chapter 7 | | |
| | E TO CONSUMER DEBTOR(S) IE BANKRUPTCY CODE | | |
| Certificate of [Non-Attorney] | Bankruptcy Petition Preparer | | |
| I, the [non-attorney] bankruptcy petition preparer signing the debto notice, as required by § 342(b) of the Bankruptcy Code. | or's petition, hereby certify that I delivered to the debtor the attached | | |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address: | principal, responsible person, or partner of | | |
| X | the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) | | |
| X | ponsible person, or | | |
| Certificate of | of the Debtor | | |
| I (We), the debtor(s), affirm that I (we) have received and read the | attached notice, as required by § 342(b) of the Bankruptcy Code. | | |
| Johnson, Kimber S. Printed Name(s) of Debtor(s) | X Namber Debtor 1/26/2018 Signature of Debtor Date | | |
| Case No. (if known) | X | | |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

© 2018 CINgroup 1.866.218.1003 - CINcompass (www.cincompass.com)